

TLC PROGRAM ASSESSMENT
(Please print all information)

Name: _____

Current Address: _____

City, State, Zip _____

Telephone: _____

Home

Cell

Age: _____

Date of Birth: _____

Sex: _____

Race: _____

Employment: _____ **Occupation:** _____

School: _____

Classification: _____ **Major:** _____

If not in school or employed, what do you do on a daily basis?

Do you feel like you manage your time properly? _____

Emergency Contact:

Name: _____ **Relationship:** _____

Telephone: _____ **Home** _____ **Work**

Why are you here? _____

What do you expect to gain from this program? _____

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Do you feel like this sentence is fair? _____

Why/why not: _____

Name of sentencing Judge: _____

Please List your current Citation (s) by name: (If speeding, how fast?)

- 1.
- 2.
- 3.
- 4.
- 5.

Were your license suspended from this charge? _____

Age you began driving: _____

How did you learn to drive? (i.e. person, place):

Date of TLC sentencing (court date): _____

Car Driven at time of Citation: Own Parents Other

(Please review your citation for the following questions)

Date Citation was given: _____

Day of the week: _____

Time: _____

Total number of people in car: _____

What were the events that led up to the current citation?

What kind of music was playing when violation occurred?

Name of song: _____

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Where you using a cell phone at time of violation?

All previous legal charges and dates (month/year)

Previous history of probation (any kind):

At what age did you first try alcohol? _____

Type: _____

Do you consume alcohol currently? _____

Type: _____

How much alcohol do you consume per day _____

per month _____

Preferred type of alcohol: _____

Conditions in which you normally drink: _____

Have you ever tried drugs? _____

Which drug(s)? _____

Do you use drugs currently? _____

Which drug(s)? _____

Amount of drugs consumed per day _____

per month _____

Conditions in which you normally use drugs: _____

Do you have any immediate family members who suffer from alcohol/drug abuse?

Have you ever been diagnosed with a mental health issue?

If yes, please describe:

Are you currently taking any prescribed medication related to your mental health issue? _____

Please list all medications:

Do you have any immediate family members diagnosed with a mental health issue?

Do you smoke cigarettes/cigars? _____ **How Long?** _____